3

AN

ESSAY

ON THE

CAUSE AND CURE

OF A SPECIES OF

UTERINE HÆMORRHAGE,

HITHERTO NOT GENERALLY UNDERSTOOD, THOUGH OF VERY COMMON OCCURRENCE.

5778.73

BY JOSEPH MOORE, M.D.

ONE OF THE PRESIDENTS OF THE CHIRURGO-OBSTETRICAL SOCIETY OF EDINBURGH.

DUBLIN:

PRINTED FOR THE AUTHOR, BY M. O'LEARY,
NO. 113, CAPEL STREET.

MDCCXCII.

PUBLIC LIBRARY
OF THE
CITY OF BOSTON

21,753
m.Bplv.v.33

E R R A T A.

Page 2. Line 3. for *dispræe*, read, *dispnæa*.
p. 6. l. 6. for *cevix*, read, *cervix*.
p. 34. l. 15. for *could*, read, *can*.
p. 44. l. 5. after *a*, read, *firm*.

PUBLIC LIBRARY
OF THE
CITY OF BOSTON

TO

THOMAS WRIGHT, Esq.

LICENTIATE AND TEACHER OF ANATOMY IN THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

SIR,

FROM the ſpecimen which you have given, of the ability you poſſeſs to fulfil the duties of your ſtation, it is no leſs

leſs than reaſonable to conſider your approbation of any medical ſubject, an honourable teſtimony in favour of the author. It is in conſequence of the importance of the ſubject, and as you were pleaſed to ſay of the remarks thereon, as ſtated in the following treatiſe, that I have ventured to offer it to the public; conſcious as I am of

my

my inability to give it due conſide-
ration.

I have the honour to be,

Sir,

your moſt obedient,

humble ſervant,

Dublin,
June, 1792. JOSEPH MOORE.

TO THE

READER.

AS very eminent writers have preoccupied the ſubject of the following treatiſe, it muſt be apparent, that no oſtentatious motive could induce me to hazard the event of publication; From which

I am pretty confident of my acquittal; as it muſt from the tenor of my remarks appear, that I am neither malicious enough to depreciate any man's merit, nor ſo vain as to preſume on mine own; the ſimple and honeſt wiſh to be of uſe in my profeſſion, has alone emboldened me to offer the following caſes and remarks, to the conſideration of perſons of better judgment; hoping that as I have ſtudied to avoid any unjuſtifiable intruſion on their time by prolixity, ſo I may obtain ſuch portion of their good opinion, as a well intended

effort

fort to avail in the department allotted to me in ſociety may merit.

J. M.

INTRODUCTION.

OF the diſeaſes incident to pregnancy, none is more frequent in its occurrence, or threatning in its appearance and ſymptoms, than the ſubject of the preſent treatiſe;

treatiſe; others (at leaſt in general) afford time and opportunity of employing the moſt probable means of relief, with a reaſonable proſpect of ſucceſs; but in the preſent caſe while the practitioner deliberates about the proper method of cure, the patient, in the early months of pregnancy may be diſappointed in her hopes of progeny, and in advanced geſtation ſink under the exceſs of the diſeaſe.

Uterine Hæmorrhage alſo occurs frequently after delivery, and then the conſequences are as dangerous and even more ſudden than during the latter months of geſtation; at which periods only it can be

conſidered

conſidered imminently dangerous: becauſe during early pregnancy with a trifling diſcharge of blood from the uterus, the ovum will be at once expelled; and the attendant contraction of the uterus frees the patient from danger.

I propoſe therefore to confine my obſervations to theſe caſes of the diſeaſe, which immediately endanger the mother's life. This naturally divides the ſubject into two parts, the firſt of which relates to uterine hæmorrhage *during geſtation*, the ſecond *after delivery*.

SECTION I.

OF

UTERINE HÆMORRHAGE

DURING UTERO-GESTATION.

THIS ſtate of the complaint may be defined to be "a diſcharge of blood from "the uterus, after the menſtrual evacua- "tion has ceaſed to recurr for one or more

 "periods,

" periods, and the uſual ſymptoms of " pregnancy have ſupervened."

It is attended with headache diſpræe, great pain of the back and loins, heat, thirſt, and encreaſed frequency of pulſe; often followed by deliquium animi, cold ſweats, and convulſions: ſometimes it continues without intermiſſion, or recurrs at irregular intervals. The continuation of hæmorrhage is ſucceeded by paleneſs, coldneſs of the extremities, weak pulſe, and ſometimes vomiting: which ſymptoms, may not only ſerve to aſcertain the diſeaſe, but diſtinguiſh it from a hæmorrhage in conſequence of polypus of the uterus.

Some authors mention that floodings during pregnancy are rendered more hazardous

zardous when combined with cancerous or ſchirrous tumours, but theſe ſeldom affect the uterus at the age of childbearing; and when they do occur, generally impede the dilatation of the uterus, and induce abortion.

The placenta forms the connection between the fœtus and mother; and to whatever part of the uterus it may be attached, as the blood veſſels are larger and more numerous there, than elſe where; a very ſmall ſeparation of it will give riſe to dangerous hæmorrhage, and may be conſidered as the proximate cauſe: many circumſtances may concur in producing this partial detachment of the placenta.

They

They may be divided into two claſſes:

Firſt. Thoſe which ariſe from accident.

Second. Thoſe which proceed from the *place* of attachment of the placenta.

The firſt claſs may be ſubdivided into two orders of cauſes,

Firſt. Such as ariſe from accidental circumſtances relating to the mother.

Secondly. From affections of the fœtus.

Every active ſtimulus affecting the mother will be apt to induce this diſeaſe.

Such

Such are ſtimulant ingeſta, whether ſolid or fluid, violent corporeal agitations, and mental, as immoderate anger, grief, terror and joy; ſudden tranſitions and extreme degrees of heat and cold; any unuſual irritation from the neighbouring parts, as frequent or ill timed venery, &c.

Among peculiarities of the child, may be mentioned ſhortneſs and convolution of the umbilical chord, primordial diſorders occaſioning death.

The ſecond claſs comprehends thoſe cauſes which originate from the attachment of the placenta.

The placenta occupies uniformly no particular place of the uterus, however

it

it is ſituated generally at ſome part which conſideratis conſiderandis does not render it liable to ſeparation during geſtation; but, ſometimes it is attached at or over the os uteri, in which caſe, the obliteration of the cevix, and dilatation of the os internum neceſſarily cauſes a ſeparation of the placenta.

Beſide the *place*, the *manner* of attachment may be a remote cauſe of flooding, for it is frequently ſo firmly attached to the uterus, that no effort of nature can expell it; in which caſe it is not of an equal conſiſtence in every part, and ſome portion may be ſeparated, a hæmorrhage conſequently enſues, which will prove dangerous,

gerous, if art is not able to accompliſh what nature is incapable of performing.*

It muſt be very evident that any conſiderable degree of hæmorrhage from the uterus, during the latter months of geſtation; (that is after the *ſixth* month) muſt be hazardous.

A celebrated author has aſſerted, that flooding in advanced geſtation, is only dangerous according to the remote cauſe, that is; ſhould the placenta not be attached

* Doctor Evory now phyſician in Dublin, when attending Dr. *Hamilton*'s lectures, communicated to him a caſe of uterine hæmorrhage, which proved fatal. He was preſent at the opening of the body, and found the placenta attached ſo firmly, even after death, that it could not be ſeparated without lacerating the ſubſtance of the uterus.

tached to the os uteri, no danger is to be apprehended.

Although Mr. Rigby's excellent treatiſe deſerves much praiſe, yet I am of opinion, founded as I hope to prove, *on fact, that there may be a certain ſtate of the placenta, which may render a partial ſeparation of it, though ſituated at the fundus; as hazardous as though it were attached at the os uteri.* By this ſtate I mean an induration, or præternatural fleſhy conſiſtence of the placenta, which may occupy great part of its bulk. In the natural ſtate the placenta conſiſts entirely of ſpongy ſubſtance and blood veſſels, to which ſome will add *glands*, which would readily account for a ſchirrous ſtate.

But

But, depending on the anatomical expoſition of that part made by Mr. *John Hunter*, I am led to reject this opinion; and believe that the coats of ſome of the veſſels become thicker than natural, and by virtue of their greater ſtrength will be much more difficultly torn and ſeparated, than the veſſels of more delicate ſtructure; hence a cauſe ſufficient to produce the ſeparation of the placenta, will only prove effectual as to the more tender veſſels: the denſity of the coats, may alſo be preternaturally increaſed, by the depoſition of earthy matter, and therefore the placenta has been found bony in ſome inſtances. Mr. Gooch relates a caſe of this kind.

It cannot therefore be denied that if part of the placenta, be of a more fleſhy conſiſtence than another; that ſoft part may be more eaſily ſeparated than the indurated portion, which will obſtinately adhere.

It is probable that Mr. *Rigby* never met with a caſe of this kind, otherwiſe he would not have advanced; that *no* uterine hæmorrhage was to be dreaded but ſuch as depended on the ſecond claſs of remote cauſes. It is alſo obvious on the ſame principle, that though the circumſtance of the intermiſſion of hæmorrhage is conſidered by him, as characteriſtic of the attachment of the placenta to the os internum; it is equally remarkable in the indurated

durated ſtate of the placenta where partially ſeparated; and that in this caſe, the flooding may be continued, or induced at intervals according as the ſeparation in the time of a pain may be more or leſs conſiderable, and will be attended with as great danger as when the placenta is attached to the os uteri; hence the event of every conſiderable hæmorrhage from the uterus in advanced geſtation, may with propriety be conſidered exceedingly precarious; and the danger will be indicated by the quantity and continuance of the diſcharge, paleneſs of the countenance, feebleneſs of the pulſe, &c.

I come

I come now to conſider ſome of the methods of relief uſed in this diſorder.

In the early months of geſtation the diameters of the blood veſſels which connect the placenta to the uterus are ſmall, and therefore ſome proſpect of affording relief by the uſe of aſtringents may reaſonably be entertained. But in the advanced months of pregnancy on the contrary, the blood veſſels are ſo much enlarged, that theſe medicines can have no power in contracting them. For aſtringents probably affect diſtants parts, only from their effects on the ſtomach, an opinion ſupported by Doctor *Cullen* in his late valuable work on the *Mat. Med.* *In theſe words:* "*Aſtringents* "*taken into the ſtomach ſhew their effects*

"*on*

" on other parts of the body ſo quickly, that " they can hardly be ſuppoſed to have paſſed " farther than the ſtomach itſelf, and there- " fore their ſudden effects on diſtant parts " muſt be aſcribed to an aſtringent power " communicated from the ſtomach to thoſe " parts."

Mat. Med. Vol. II. p. 5.

As therefore we may be inclined to relinquiſh any hopes of ſucceſs by aſtringents given in the latter period of geſtation, it appears that by removing the proximate cauſe, we can alone obviate the fatal effects of this diſeaſe. I muſt obſerve here that when the ſymptoms above enumerated as indicating danger occur, it is expedient without regard to the place

of

of attachment of the placenta to proceed to adminiſter immediate relief.

Here then as delivery ſupplies the only mean of ſaving the patient, it is to be attempted.

Mr. *Rigby*'s rule deſerves much attention, where he recommends to ſtay conſtantly with the patient, and watch the favourable opportunity of interfering, by trying the dilatability of the os tincæ from time to time. *From merely reaſoning on the ſubject* we ſhould be apt to imagine, that before the patient could have loſt ſo much blood as to endanger her life, the uterus and os internum would become relaxed in ſuch a degree, as to allow the hand of the operator to paſs eaſily; yet I am

ſtrongly

ſtrongly biaſſed in favour of promptitude, when violent ſymptoms appear; and had rather attempt to deliver too early, than in a caſe of ſuch doubtful event truſt to the reſources of nature.

While however the patients ſtrength can be ſupported, her countenance does not exhibit that paleneſs which is ſo truly characteriſtic of danger, and her pulſe is not feeble, while labour pains are frequent and forcing, no particular management ſeems neceſſary; but to perſevere in the uſual mode of ſupporting the patient's ſpirits, while the cold air is freely admitted.

Mr. *Perfect* Vol. II. p. 478, relates the hiſtory of a cure, where expoſure to the

the air, at that time intenſely cold, along with lint ſoaked in vinegar and water, ſtuffed into the vagina, evidently ſaved the patient—The late Doctor Rock of this city, always filled the vagina with tow, lint, or ſome ſuch ſubſtance; and has been known in urgent caſes to apply the ſheet of the bed to this uſe.

After the delivery of the child, circumſtances alone can direct whether to proceed to the extraction of the placenta, or to delay till the woman may in ſome degree recover from the ſhock of delivery; it happens however that in general when we are obliged to interfere, the whole

operation

operation muſt be compleated before the patient can be pronounced free from immediate danger.

If the uterus ſhould not contract readily, after the uſual means, as before mentioned; the introduction of the hand, in urgent caſes, into the uterus previouſly wetted with oxycrate may be employed with ſucceſs.

SECTION II.

OF

UTERINE HÆMORRHAGE

WHICH HAPPENS AFTER THE DELIVERY OF THE CHILD.

THIS is perhaps of more frequent occurrence than thoſe treated of in the firſt part of this eſſay, and may be defined, "*a profuſe diſcharge of blood from the* "*uterus after the delivery of the child.*"

Two

Two diſtinct ſpecies of this diſeaſe may be pointed out.

Firſt—That which occurs before the extraction of the placenta.

Secondly—That which happens after the child and ſecundines have been extracted.

I ſhall proceed to treat of both ſpecies diſtinctly, as it is proper to demonſtrate that both their cauſes and cure are eſſentially different.

Firſt—Of Hæmorrhage after the expulſion of the child, and before that of the placenta.

After

After the delivery of the child, the patient's ſtrength is at all times conſiderably exhauſted, therefore ſome little time is always requiſite, and ſhould if poſſible be allowed for the expulſion of the placenta. On this occaſion after-pains frequently of conſiderable force occur, inſomuch, as to imitate the throws of labour. Theſe pains do not expel the placenta, but on their continuing for ſome time, ſhould a flooding occur, when profuſe it is uniform and rapid, the patient's ſtrength ſinks ſuddenly, and deliquium with cold ſweats ſupervene; which ſoon put a period to the patient's exiſtence.

It might ſeem rather extraordinary that this could ever be confounded with any other diſeaſe, and yet one inſtance is related in Mr. *Perfect*'s valuable collection, where in caſe of twins the bleeding of the chord was miſtaken for uterine hæmorrhage, a circumſtance which ſhould render all practitioners aware of the danger of truſting to the report of attendants, and rouſe them to the exerciſe of their own judgment, which is only to be directed by appearances on an accurate and careful examination.

The proximate cauſe in this diſeaſe is as I have endeavoured to inculcate, the ſame with that of uterine hæmorrhage, which occurs during geſtation, viz. " a

" partial

" partial ſeparation of the placenta from " the uterus."

As to the remote cauſes they may be various; but that which appears to me moſt frequent in occurrence is a morbid firmneſs of adheſion of part of the placenta, in conſequence of præternatural induration of part of its ſubſtance, for the placenta which in its natural ſtate is very little harder than coadgulated blood; ſometimes becomes ſo much indurated as to require the greateſt exertion, reſolution, and dexterity to extract it; as may appear from the caſes annexed.

The

The prognoſis here will be very unfavourable, if any conſiderable portion of the placentary maſs is indurated, as it will be impoſſible to extract a ſufficient quantity of it to allow the uterus to contract perfectly; or ſo much may be left remaining in the uterus, as to induce ſuppuration and conſequent gangrene, to which this organ ſeems peculiarly liable.

Still however the cure muſt depend entirely on the ſucceſsful extraction of the placenta; which I would adviſe to be attempted in the following manner,

The hand well lubricated may be cautiouſly and ſlowly introduced along the umbilical chord into the uterus; the reſiſtance

ſiſtance if any at the os uteri gradually overcome, by the introduction of the fingers folded together in a conical form, that portion of the placenta which is ſoft and yielding, may then be graſped and gently ſeparated from the indurated part by reiterated efforts, but by no means haſtily or ſuddenly. And ſhould the operator ſucceed in detaching the ſofter part of the placenta, the hand is not to be then withdrawn; but the ſame efforts ſtill directed to the ſeparation of any part of the indurated portion, which may be felt detached from the uterus. Having done ſo, the whole ſeparated portion ſhould be removed; an opiate exhibited, and the patient left in perfect quiet. If the flooding ſhould not ceaſe on this treatment,

the ſeveral modes of applying cold, &c. already recommended are to be adopted.

When the patient has loſt a great quantity of blood, even after the extraction of the placenta, extreme debility ſometimes enſues, and ſevere vomiting. In which caſe if the patients ſtomach will not retain a large doſe of opium, a ſmall doſe of the watry extract may be given every hour untill reſt is procured. Wine ſhould be allowed for a day or two mixed in ſmall quantities in the common diluents, and about the third or fourth day, injections of warm water into the vagina may be uſed twice or thrice a day, to prevent any bad conſequences which might

might enſue, from the ſupuration of that portion of the placentary maſs left in the uterus, and continued until it ſhall be thrown off; which uſually happens about the third, fourth, or fifth day, according to the ſtate of the flooding.

After the ninth or tenth day or later according to circumſtances, the patient may be put on a courſe of invogoratating medicines and diet.

SECT.

SECTION III.

OF FLOODINGS AFTER THE EXPULSION OF THE CHILD AND SECUNDINES.

I MIGHT here enumerate alſo two diſtinct ſpecies of this diſeaſe; but to the informed practitioner who may have had the management of the patient from the beginning of labour, only one generally occurs; and the method of diſtinguiſhing

and

and treating the other, will be included under the deſcription of that; which I ſhall now proceed to, and which conſiſts in profuſe flooding after delivery of the child and involucra, induces fainting, coldneſs of the extremities, cold ſweats, and at laſt deliquium.

Although one child membranes and placenta be expelled, yet ſometimes through the unſkilfulneſs of the practitioner, a ſecond child and membranes may be left in the uterus; and from a partial ſeparation of the placenta, and labour pains not ſupervening to expel the other child, the patient loſes her life before aſſiſtance can be obtained.

A melancholy

A melancholy caſe of this kind among among many others; I have heard Dr. *Hamilton* of *Edinburgh* relate in his lectures: A poor woman had been delivered of a living child on Thurſday morning, and on the Monday following a violent hæmorrhage came on, the Dr. was ſent for, and before Dr. Cooper (then his pupil) could reach the patient's houſe, ſhe had ſunk from the quantity of the diſcharge, though he was there within half an hour from the firſt appearance of the flooding.

Therefore in caſes of uterine hæmorrhage after delivery of the child and involucra, examination externally, becomes neceſſary

neceſſary, to determine whether there be not another child in the uterus.

The proximate cauſe of flooding after the expulſion of the contents of the uterus, is atony of the uterine muſcular fibres; which prevents the extremities of the ruptured blood veſſels from contracting, wherefore they remain dilated, and it is evident that hæmorrhage will enſue.

Any cauſe which prevents the natural contraction of the uterus after delivery may be called occaſional, and of ſuch cauſes, the moſt frequent is *debility*.

In

In lingering labours particularly where the ſurface of the uterus occupied by the placenta is conſiderable, the patient's ſtrength is ſometimes ſo much exhauſted, that the conſtitution cannot exert the effort required to contract the uterus; while at the ſame time the number of ruptured veſſels is ſo conſiderable that the blood is poured out very profuſely.

The prognoſis in this caſe muſt be doubtful, and the diſeaſe is to be always conſidered as very dangerous; as the patient may either ſink ſuddenly, or deliquium repeated frequently may at laſt prove fatal.

The uſe of cordials is here abſolutely improper, as they would tend to continue and increaſe the evacuation.

Aſtringents thrown into the ſtomach have too ſlow and gradual an operation; we muſt place our hopes of cure therefore in this caſe, on the ſucceſsful application of topical aſtringents.

With this view along with the ſeveral applications of cold already recommended, cold water and oxycrate, are to be injected into the uterus, and the patient freely expoſed to the cold air; if theſe means ſhould fail, or a proper apparatus for injecting the cold water could not readily be procured, the hand dipped in oxycrate may be ſuddenly introduced

and

and kept there untill the uterus ſhall be felt to contract upon it.

From the treatment of ſome caſes which I have read in the journal of Mr. John Tomlinſon, Licentiate of the College of Surgeons, I learn that the mode of applying cold by means of water now adopted at the lying-in ward, royal infirmary Edinburgh, is, pouring it in a conſtant ſtream from a conſiderable height on the loins of the patient; the good conſequences of which mode of application muſt appear evident, as the effect will be in proportion to the cauſe.

The ſame methods taken to reſtore the debilitated conſtitution, in ſimilar ſituations

tions previouſly noticed are to be adopted here; with caution however, as to the adminiſtration of ſtimulant aliment; though light nutritive diet, and the uſe of claret as a mild cordial may be properly admitted.

CASE

CASE I.

January, 1789.

I was called to a poor woman, who immediately after delivery was ſeized with profuſe hæmorrhage; the midwife was alarmed, as ſhe could not by the uſual means extract the placenta. On my arrival I found her pulſe feeble, the room which was ſmall, crowded with viſitors. The attendant pouring cordials down her throat, and the hæmorrhage recurring at ſhort intervals in pretty conſiderable quantity, with trifling though acute pains; yet

yet the umbilical chord was not protruded. I had hence every reaſon to believe that the placenta was only partially detached, therefore introduced my hand, guided by the chord, and after a few efforts as above directed, detached and extracted the greateſt portion of it. On examining the placenta I found a conſiderable part of it, of a thick firm conſiſtence, and even after it had been twenty four hours macerated in water, its texture was ſo rigid, that any portion of it could hardly be ſeparated from the general maſs without the uſe of the ſcalpel. After the placenta had been thus extracted, the patient was freely expoſed to the cold air, the uterus contracted, and the complaint did not return.

CASE

CASE II.

In the ſame year.

I WAS called to ſee a woman in labour of her firſt child, ſhe had been for ſeveral hours much tormented with trifling pains, and from time to time a little blood was diſcharged. The os uteri was ſomewhat dilated but very rigid, and the pains ſeemed to have little or no effect in expanding it; I gave an opiate and left her: next morning the os uteri was ſomewhat more dilated, but ſtill rigid, the hæmorrhage recurred frequently, though not in great

great quantity, her pulſe however was feeble, and ſhe ſeemed a good deal exhauſted; in this ſtate I found it imprudent to leave the patient, therefore I ordered ſome nouriſhing ſoup, and exhibited another opiate, in a few hours. The firſt ſtage of labour had made conſiderable progreſs, the flooding continued, though not violently, yet ſeemed to have very conſiderable effect in debilitating the patient; I therefore conſidered it moſt adviſable to rupture the membranes, and then the pains became immediately more forcing, I now found that the anterior fontanelle preſented.

The flooding occurred at longer intervals, but before the hand had got half way

way through the cavity of the pelvis, the pains went entirely off; under theſe circumſtances I judged it prudent to call in a conſulting phyſician, but before his arrival the pains had again recurred, and the head had made the turn to adapt itſelf to the largeſt diameter of the outlet; the face to the Pubis: matters were in this ſtate when the gentleman arrived; we conſidered that nature might be able to accompliſh her work, but that at any time we might introduce the forceps were there occaſion, and therefore determined to give the patient a little nouriſhment, and wait till ſhe ſhould recruit ſomewhat from the effects of her great fatigue. After waiting two hours no pains came on, but the hæmorrhage again appeared, on which

occaſion the forceps were applied, and a dead child extracted; the flooding thereupon became more violent than before delivery, and it was found neceſſary to introduce the hand and extract the placenta.

It was in a more indurated ſtate than in the laſt caſe, and explained to us the cauſe of the hæmorrhage recurring at intervals with every labour pain; which Mr. Rigby would have ſuſpected to have been occaſioned by its attachment to the os uteri, though in fact it adhered to the fundus.

CASE

CASE III.

In Auguſt laſt I was ſent for to a woman whoſe placenta was retained above fifty ſix hours, and who from repeated diſcharges of blood from the uterus, was was very much exhauſted; I found things in a worſe ſtate than had been repreſented to me, for on examination I diſcovered that the umbilical chord was torn off, and conſequently no guide to the placenta; the patient's pulſe very weak, with a highly putrid diſcharge from the uterus: induced as I ſuppoſed by the rough treatment

ment of the perſon who had formerly endeavoured unſucceſsfully to extract.

With a good deal of difficulty I introduced my hand to the uterus, and brought off a putrid maſs, but in ſpite of every endeavour to ſave her by ſupporting her ſtrength ſhe ſunk in a few days.

CASE IV.

In September laſt I attended a woman of her firſt child, ſhe had a lingering labour, but was delivered of child and placenta

centa without any uncommon occurrence. Juſt as I was going away a violent hæmorrhage came on. From examination externally, I was convinced there could be no ſecond child, and therefore attributed the flooding to *atony* of the uterus.

After having in vain attempted to ſtop the diſcharge by the uſual means of cool air, cloaths dipped in cold water and applied to the inferior part of the abdomen; I introduced my hand into the uterus, and by gently iritating it, the contraction took place round my hand, the flooding ceaſed, and the patient had as good a recovery as if no ſuch accident had happened.

CASE

CASE V.

In September laſt I was ſent for to a woman who was delivered the day before of a dead child very putrid, ſhe was ſeized immediately after delivery with hæmorrhage in large quantity recurring at long intervals; the attendant attempted to extract the placenta but in vain. The pulſe became very feeble, the countenance pale, with vomiting from time to time. Notwithſtanding theſe unfavourable appearances, it was no leſs than proper to give the only chance ſhe had for her life, by endeavouring to extract the placenta; on laying hold of the umbilical chord it fell off in my hand quite putrid: however I introduced

troduced my hand into the uterus and found the adheſion ſo great that I could ſcarcely detach any part of the cake; in perſevering for ſome time, I ſucceeded ſo far as to ſeperate a large portion of it, of a thick firm conſiſtence and very putrid ſmell, the hæmorrhage ceaſed; but notwithſtanding all my endeavours to ſave her life, ſhe expired the fifth day.

Theſe five examples are of a piece with others, which I have met; among which number, I have not ſeen one inſtance of the placenta being attached to the os uteri: hence perhaps I may be juſtified in concluding it, *not to be the moſt frequent cauſe of uterine hæmorrhage.*

That the partial detachment of the placenta wherever ſituated in the uterus, may prove and probably

probably has much oftner proved fatal, than the partial detachment when ſituated at or over the os uteri.

That the treatment of both caſes has been with propriety, as I hope it may have appeared above, *varied; that this variety from eſtabliſhed rule, has been ſolely dictated by minute and attentive conſideration of the real ſtate of the placenta, as a proximate cauſe of uterine hæmorrhage. That this caſe may alſo be complicated with the ſame unfortunate concomitants as the caſe of attachment to the os uteri,* viz. *atony of the uterus,* &c. *and then requires treatment adapted to the cure of ſuch ſtate,* &c.

FINIS.